



Alameda Recreation and Park Department, 2226 Santa Clara Ave, Alameda 94501
(510) 747-7529/FAX (510) 523-4071 - Online Registration: www.arpdeplay.com

2012 TEEN SPRING ADVENTURE PROGRAM

DISNEYLAND - CALIFORNIA ADVENTURE - KNOTT'S BERRY FARM

3-Day/2-Night Trip For Those Currently In 6th To 12th Grades



MONDAY, TUESDAY & WEDNESDAY, APRIL 2 TO 4, 2012

We leave at 5:00 a.m. on Monday & return by 11:00 p.m. on Wednesday
Drop Off and Pick Up: Teen Center (2203 Central Ave)

Spend your Spring Break with your friends at the "Happiest Place on Earth"!

Cost includes supervision, transportation, lodging and park admissions. **MEALS ARE NOT INCLUDED SO BRING SNACKS AND MONEY FOR FOOD.** Due to vendor and reservation requirements, withdrawals will be charged \$150. Refunds are subject to approval of the ARPD Supervisor. Additional \$50 administration fee will apply for any changes in registration.

Late pick-ups are charged \$1 per minute

FINAL REGISTRATION DEADLINE: TUESDAY, MARCH 20, 2012

Late registrations will not be accepted.

Please leave personal and sentimental valuables at home. ARPD is not responsible for lost and/or stolen property.

COST PER PERSON:

Single Payment: \$425 (\$480 after February 15th)

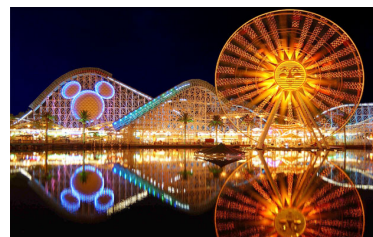
OR 4 Equal Installments Available (\$450):

1st Payment Due (\$112.50) - Tues, December 13, 2011

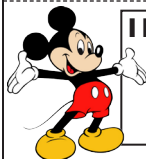
2nd Payment Due (\$112.50) - Tues, January 10, 2012

3rd Payment Due (\$112.50) - Tues, February 14, 2012

4th Payment Due (\$112.50) - Tues, March 13, 2012



All participants and parents **MUST** attend the **MANDATORY PRE-TRIP MEETING**
THURSDAY, MARCH 22, 2012 - 6:00 P.M. - VETERAN'S BUILDING (2203 Central Ave, Alameda)



I HEREBY GIVE MY TEEN PERMISSION TO PARTICIPATE IN THE "TEEN SPRING ADVENTURE 2012" SPONSORED BY ARPD:

☐ #10498 - **DISNEYLAND -- CALIFORNIA ADVENTURE -- KNOTT'S BERRY FARM**

MONDAY, APRIL 2ND TO WEDNESDAY, APRIL 4TH - COST: \$425 (\$480 AFTER FEB 15, 2012)

TEEN MUST: ☐ STAY WITH RECREATION LEADER ON TRIP(S) **OR** ☐ GO WITH A BUDDY ON TRIP(S)

TEEN'S NAME _____ **BIRTHDATE:** ____/____/____ **AGE:** ____ **GRADE:** ____ ☐ MALE ☐ FEMALE

ADDRESS: _____ **CITY:** _____ **ZIP:** _____ **HOME PHONE:** (____) _____

MEDICAL RELEASE: I do hereby give permission for any certified emergency professional or health care professional to administer any type of medical treatment he/she deems necessary to the above child in case of an emergency and in the event that I cannot be contacted.

PHYSICIAN'S NAME _____ **PHONE** (____) _____

NAME OF INSURANCE _____ **POLICY NUMBER** _____

ALLERGIES, MEDICAL PROBLEMS, CURRENT MEDICATIONS: _____

MOM/GUARDIAN NAME _____ **ADDRESS (if different from above)** _____

HOME PHONE (if different from above) _____ **WORK PHONE** _____ **CELL PHONE** _____

DAD/GUARDIAN NAME _____ **ADDRESS (if different from above)** _____

HOME PHONE (if different from above) _____ **WORK PHONE** _____ **CELL PHONE** _____

IN CASE OF EMERGENCY AND I CANNOT BE REACHED, PLEASE CONTACT: (I understand it is my responsibility to provide current contact information)

NAME: _____ **RELATIONSHIP:** _____ **HOME PHONE:** (____) _____ **CELL/WORK:** (____) _____

1. THE UNDERSIGNED HEREBY RELEASES, WAIVES AND DISCHARGES THE CITY OF ALAMEDA, its directors, officers, employees, agents, and independent contractors from all liability to the undersigned and/or his/her personal representatives, assignees, heirs, and next of kin for any loss or damage and any claim or demands accruing or resulting from injury to the person or property or death of the undersigned, whether or not caused by the negligence and/or property of the City of Alameda, its directors, officers, employees, agents, and independent contractors.

2. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE, due to the negligence of the City of Alameda, its directors, officers, employees, agents, and independent contractors or otherwise while in, upon or about the premises of the City of Alameda and/or while using the premises or facilities or equipment thereon.

3. THE UNDERSIGNED HEREBY PERMITS the taking of photographs of themselves and/or the participant by the City of Alameda during recreation classes or activities to be used at the City's discretion.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, AND FURTHER AGREES THAT NO ORAL REPRESENTATIONS, STATEMENTS OR INDUCEMENT APART FROM THE FOREGOING WRITTEN AGREEMENT HAS BEEN MADE.

PARENT/GUARDIAN SIGNATURE _____ **DATE** _____

FEE ENCLOSED: \$ _____ **CASH** ☐ **CHK#** _____ **MC/VISA** _____ **EXP DATE** _____